

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155307		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/10/2011	
NAME OF PROVIDER OR SUPPLIER TOWNE CENTRE HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 7250 ARTHUR BOULEVARD MERRILLVILLE, IN46410			
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F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on June 27, 2011.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00093249 completed on July 18, 2011.</p> <p>Dates of survey: August 9 & 10, 2011</p> <p>Facility number: 000204 Provider number: 155307 Aim number: 100284910</p> <p>Survey team: Lara Richards, R.N., T.C. Heather Tuttle, R.N. Kathleen (Kitty) Vargas, R.N.</p> <p>Census bed type: SNF/NF: 94 Total: 94</p> <p>Census payor type: Medicare: 23 Medicaid: 56 Other: 15 Total: 94</p> <p>Sample: 13</p>			F0000	<p>Preparation and implementation of this plan of correction does not constitute admission or agreement by Towne Centre Health Care of the truth of the facts, findings, or other statements as alleged by the preparer of the survey/inspection dated 8-10-2011. Towne Centre Health Care specifically reserves the rights to move to strike or exclude this document as evidence in any civil, administrative, and criminal action not related directly to the licensing and/or certification of this facility or provider.</p> <p>Note: Deficiency was cited on an incident which had been self reported by the facility.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>These deficiencies also reflect State Findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/12/11 by Suzanne Williams, RN The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, record review and interview, the facility failed to ensure a resident was free from accidents related to the use of a Hoyer lift sling that was not in good condition and tore during a transfer, which resulted in a fall for 1 of 4 residents who required the use of a Hoyer lift for transfers in a sample of 13. (Resident #22)</p> <p>Findings include:</p> <p>Resident #22 was observed on 8/9/11 at 12:30 p.m., seated in a Broda chair. A Hoyer lift sling was observed underneath her and on the chair.</p> <p>The record for Resident #22 was reviewed on 8/9/11 at 1:05 p.m. The resident had diagnoses that included, but were not limited to, insulin dependent diabetes, congestive heart failure and hypertension.</p> <p>The resident was readmitted to the facility on 7/30/11 following a right</p>			F0323	<p>F3231) Resident #22 was given a new Hoyer Lift sling. 2) All residents using a Hoyer lift have the potential to be affected. All Hoyer Lift slings were inspected. Any slings with signs of fraying were taken out of circulation. 3) All Hoyer Lift slings were numbered and laundry has an audit sheet for any slings showing signs of fraying will be removed from circulation. Laundry staff will visualize every sling as it is removed from the washer. Laundry staff will only air dry the Hoyer lift slings per manufacturer instructions. Nursing staff have also been in-serviced as to what to look for as to frays or tears and the CNA or nurse will visualize and test each strap prior to applying sling to the lift. Slings will be inspected prior to each use and upon each laundering. Any frayed or torn slings will be brought to the Administrator to be taken out of circulation. 4) Laundry will report to the Administrator any slings taken out of circulation. Administrator will report any slings that were taken</p>		08/25/2011

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	<p>femoralpopliteal bypass graft (a surgical procedure to improve circulation in the leg). The form titled, "Resident Assessment-Data Collection Form" and dated 7/30/11, indicated the resident was a 2 person assist for transfers.</p> <p>An entry in the Nurse's Notes dated 8/1/11 at 10:00 a.m., indicated the resident required the assistance of 2 staff members for transfers with the Hoyer lift.</p> <p>An entry in the Nurse's Notes, dated 8/1/11 at 8:18 p.m. indicated, "CNA (Certified Nursing Assistant) yelled from resident's room. In need of nurse. Writer immediately assessed room et (and) noted resident laying down on the floor with Hoyer lift legs under residents legs. . . When spoke with CNAs x 2, they made me aware that when they were transferring on the Hoyer lift (sic). Hoyer lift pad broke . . . CNA gave and showed me broken Hoyer pad et writer put it in Unit Manager box. (Name of Administrator and name of Director Of Nursing) was notified."</p> <p>Review of the "Facility Incident Reporting Form" dated 8/1/11, provided by the Administrator on 8/9/11 at 2:30 p.m., indicated the facility had investigated the incident. The results of the investigation indicated the staff had</p>				out of circulation to the monthly QA Committee for any further recommendations. 5) 8-25-11		

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	<p>used a damaged sling for the transfer with the Hoyer lift. The report indicated, "We determined that the sling had already been damaged and the CNA did not even realize that she had placed loops that were already split on the hooks of the Hoyer device. In the process of lifting the Hoyer, the sling was attached by the back bar only, lifting the resident up enough to just 'dump' her onto the floor once the w/c (wheelchair) was moved away."</p> <p>The sling used in the transfer on 8/1/11 was observed on 8/10/11 at 7:35 a.m. The sling was provided by the Administrator and she indicated it was the sling that tore during the transfer of Resident #22. There were four loops for each strap that could be used during the transfer. The loops that were used during the transfer, identified by the Administrator at that time, were noted to be frayed on the edges. Three of the loops were torn. Other loops on the sling were also noted to be frayed and in poor condition.</p> <p>The undated "Owner's Operator and Maintenance Manual" for the Invacare "Manual/Electric Portable Patient Lift" was provided by the Administrator on 8/9/11. The manual indicated precautions for the use of the sling as follows:</p> <p>-Use an Invacare approved sling that is</p>						

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	<p>recommended by the individual's doctor, nurse or medical assistant for the comfort and safety of the individual being lifted.</p> <p>-Do not use any kind of plastic back incontinence pad or seating cushion between patient and sling material that may cause the patient to slide out of the sling during transfer.</p> <p>-After each laundering (in accordance with instructions on the sling), inspect sling(s) for wear, tears, and loose stitching.</p> <p>- Bleached, torn, cut, frayed, or broken slings are unsafe and could result in injury. Discard immediately.</p> <p>-Do not alter slings.</p> <p>-Be sure to check the sling attachments each time the sling is removed and replaced, to ensure that it is properly attached before the patient is removed from a stationary object (bed, chair or commode).</p> <p>Interview with the Staff Development Coordinator on 8/10/11 at 7:50 a.m., indicated staff had not consistently inspected the slings for tears, wear, or loose stitching, prior to attaching them to the Hoyer lift and using them to transfer</p>						

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